



State
Of
Arkansas

CONTRACTORS LICENSING BOARD

4100 Richards Road
North Little Rock, Arkansas 72117
501 / 372-4661
FAX 501 / 372-2247

CONTRACTORS LICENSE APPLICATION RECIPROCITY INFORMATION

The State of Arkansas has entered into reciprocal agreements with the States of Tennessee, Mississippi, Alabama, and Louisiana in order to allow qualified contractors the ability to move from state to state in the least restrictive manner. This agreement does not minimize the ability of the State of Arkansas to investigate the applicant in any way. This agreement does not relieve the contractor of the responsibility of furnishing any necessary information to the Contractors Licensing Board State of Arkansas as required.

In order to consider reciprocity when submitting an application for a contractor license in the State of Arkansas, the following requirements must be met:

1. You **must complete and submit the New Application for a license along with this form** and must have been licensed at least three (3) years from which you are seeking reciprocity.
2. The applicant must show proof of licensure in that state by providing the completed Reciprocal Form and Reciprocal Affidavit. The Contractors Licensing Board State of Arkansas retains the authority to require all necessary information by an applicant to show cause for the issuance for a contractors license in this state.
3. The applicant must complete the ***Reciprocal Form (top section) and the Reciprocal Affidavit. The Reciprocal Affidavit must be completed, dated, and signed by you, with notary signature and notary seal. When the affidavit is completed send it to this office at:***

**Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117
FAX# (501) 372-2247**

4. You as the contractor are responsible to send the Reciprocal Form to the verifying state in order for the contractors licensing board in that state to complete the bottom section. You are also responsible to get that completed form to us.

Those applicants applying for Plumbing, Electrical, HVACR or other classifications where a trade exam may be applicable will be required to meet all requirements of the particular agency involved.

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RECIPROCAL FORM

1. Instructions to Applicant for Reciprocal: Insert your name and address and complete the top portion of this request. The verifying state can fax/mail the completed form to our office.

Company Name _____
Street Address _____
City _____
State _____ Zip _____

I am requesting licensure in the State of Arkansas as a _____.
I have been licensed in the State of _____ under the following:

Name _____
EIN#/SS# _____
License # _____

Please verify my licensure in your state.

Signature of Applicant

TO BE COMPLETED BY VERIFYING STATE.....

2. Please furnish the information requested. Sign and verify the document.

It is hereby verified that _____ was first licensed by the State of _____ on _____, 20____ as follows:

License# _____ Current Status _____

Classification: _____ Issue Date: _____

Classification: _____ Issue Date: _____

Classification: _____ Issue Date: _____

Licensed by (check one): _____ Waiver (explain) _____

_____ Exam: Name of Qualifier _____

SS# of Qualifier _____

Type of Exam _____

Exam Score _____

Disciplinary Action: _____

Signature of Person Filling Out Form

Date Signed

Agency



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Reciprocal Affidavit

I, _____, state an oath and affirm:
(Name of Person that is Owner/Partner/Officer/Member)

1. I am _____ of _____. I am currently a
(Position) (Name of Company)
licensed contractor under the Laws of _____. I have been a licensed
(State)
contractor for _____ years.
2. I am seeking to be licensed as a contractor in the State of Arkansas under its reciprocal
agreement with _____. I certify that I meet all requirements of the
(Name of State)
reciprocal agreement.
3. Although I am not required to pass an Arkansas Business and Law Examination before becoming
licensed in the State of Arkansas, I recognize that I am not exempted from the Laws of the State
of Arkansas and its agencies, including the Department of Finance and Administration,
Employment Security Division, Workers Compensation, and all other applicable agencies.

Dated this _____ day of _____, 20 ____.

(Signature of Owner/Partner/Officer/Member)

Sworn to before me this: _____ day of _____, 20 ____.

(Notary Public Signature) (SEAL)

My commission expires: _____